

'87 JUL 15 AM 11 44

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11746  
ID TAG NO.

STATE OF OREGON  
OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN SERVICES  
Vital Records Unit

**CERTIFICATE OF DEATH**

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK

FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

**DECEDENT**  
IF DEATH  
OCCURRED IN  
INSTITUTION.  
SEE HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE ITEMS

**DISPOSITION****CERTIFIER**

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

### CAUSE OF DEATH?

DECEASED -- NAME		First	Middle	Last	State File Number	
Opal		J.		RICHARDSON	DATE OF DEATH (month, day, year) July 10, 1987	
RACE White (Black, American Indian, etc. (Specify))		SEX Female	AGE -- Last birthday (years) 5a 86		DATE OF BIRTH (month, day, year) June 19, 1901	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION -- NAME (If not in enter, give street and number) 7b Three Fountains Nursing Home		IF HOSP OR INST indicate DOA OP, Emer, Rm, Inpatient (Specify) 7c Inpatient		
7a Medford		CITIZEN OF WHAT COUNTRY 9 U.S.A.		COUNTY OF DEATH 7d Jackson		
8 Oklahoma		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Widowed		7e Spouse (If married, widowed) 11 Eddie		
SOCIAL SECURITY NUMBER 13 540-54-4405		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Self employed Grocer		KIND OF BUSINESS OR INDUSTRY 14b Retail Grocery Store		
RESIDENCE -- STATE 15a Oregon		COUNTY 15b Klamath	CITY, TOWN OR LOCATION 15c Klamath Falls	STREET AND NUMBER OR R.F.D. 15d 915 Division Street		
FATHER -- NAME first middle last		MOTHER -- first middle last		ZIP 97601		
16 Harry A. Wright		17 Juleta Crissup		INFORMANT -- NAME and relationship to deceased 18 Patricia Holmes daughter		
BURIAL, CREMATION, REMOVAL, MAISON, (Specify)		CEMETERY OR CREMATORY -- NAME 19a Burial		LOCATION city or town state 19b Klamath Falls, Oregon		
FUNERAL SERVICE LICENSEE or person acting as such (Specify)		NAME AND ADDRESS OF FACILITY 20b 2100 Siskiyou Blvd. Medford, OR 97504		DATE SIGNED (Mo. Day, Year) 21b 7-13-87		
21a Signature of Certifying Physician		NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) 21d Donald M. McGeary, M.D. 2960 Doctors Park Dr. Medford, OR		HOUR OF DEATH 21c 7:45 p.m.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e		ZIP 97504				
DATE RECEIVED BY REGISTRAR (Mo. Day, Year) 22a JUL 14 1987		REGISTRAR 22b (Signature) Donna K. Collins				
23 IMMEDIATE CAUSE PART I (a) DUE TO OR AS A CONSEQUENCE OF (b) DUE TO OR AS A CONSEQUENCE OF (c) OTHER SIGNIFICANT CONDITIONS -- Conditions contributing to death but not related to cause given in PART I (a)		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)] Pneumonia Cerebrovascular accident		Interval between onset and death 48 hours 6 months		
ACCIDENT (Specify Yes or No) 24a No		DATE OF INJURY (Mo. Day, Year) 24b	HOUR OF INJURY 24c	AUTOPSY (Specify Yes or No) 24 NO		
PLACE OF INJURY -- At home, farm, street, factory, office building, etc (Specify) 24e No		LOCATION 24f		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 NO		
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES <input type="checkbox"/> NO <input type="checkbox"/> N.A. <input checked="" type="checkbox"/>		WAS GIFT MADE? YES <input type="checkbox"/> NO <input type="checkbox"/> N.A. <input checked="" type="checkbox"/>				
RESERVED FOR REGISTRAR'S USE						

STATE OF OREGON

**CERTIFIED COPY OF DEATH RECORD**  
**ORIGINAL - VITAL STATISTICS COPY**

COUNTY OF JACKSON

43-2 BPP 6-26

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

DATE JUL 14 1987

REGISTRAR VITAL STATISTICS

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY  
VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Patricia J. Holmes  
of July A.D., 19 87 at 11:44 o'clock A M., and duly recorded in Vol. M87  
of Deeds on Page 12536

FEE \$5.00

Ret: Patricia J. Holmes

On Page 12336  
Evelyn Biehn, County Clerk  
By Ron Smith  
2500 Sandy Terrace, Medford, Oregon 97504